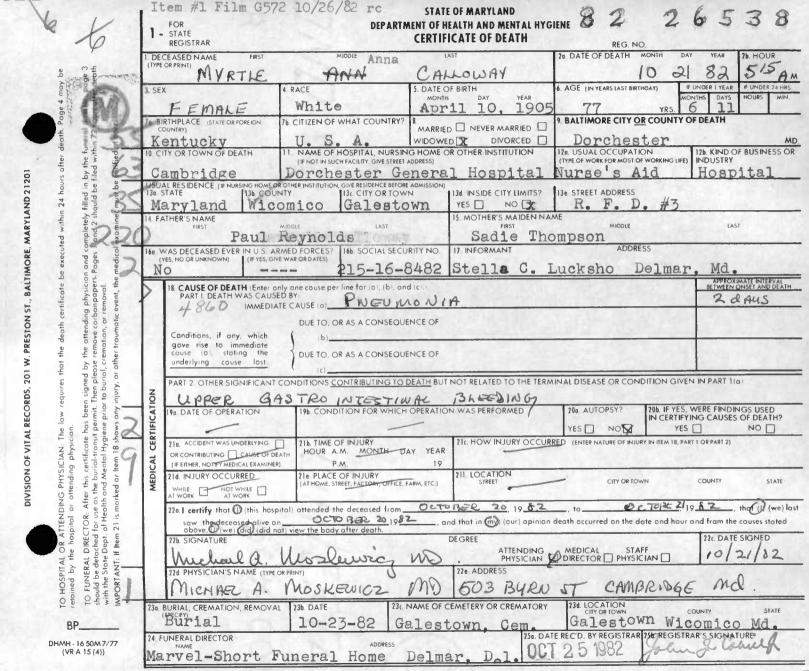
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7a. BIRTHE FOREIGN Sea.	LACE (STATE OR COUNTRY) Ford, Del.	U.S.A.	HAT COUNTRY?	8. MARR	IED NEVER MARRI	ED Dorchester	
Cam	TOWN OF DEATH	Dorches	PITAL, NURSING HOME CILITY, GIVE STREET ADDRESS) ter General	Hos		FOR MOST OF WORKING LIFE) Waterman	F WORK 12b
USUAL RES			13c. CITY OR TOWN Fishing Cx		13d. INSIDE CITY LIMITS? YES NO 💢	13e. STREET ADDRESS Rt. 335	
	Elwood J. Do	middle onovan, Jr	LAST	V NO.	15. MOTHER'S MAIDE FIRST Marjor: 17. INFORMANT	N NAME MIDDLE Le Olds ADDRESS N	ua - 21
VISION (YES, NO		WAR OR DATES)	219-70-8			Adams, Rt. 335,	
	lying cause last. 2 DTHER SIGNIFICANT CONDITIONS DATE OF OPERATION					RT 8 (a),	
AENT OF HEALTH OBLINEAL, CREATIFICATION CERTIFICATION			TION FOR WHICH OPER				21
MEDICAL CER	EXTERNAL CAUSE WAS DERLYING OR NTRIBUTING CAUSE OF I	DEATH P.M	9/23/829	F	ound dead	in parked cal	
AAGE 3 SP AATE DEP HAM HAM AEDI	INJURY OCCURRED ILE NOT WHILE INTO WORK	STREET, FACE Back	TORY, FARM, ETC)		CATION STREET Fishin	city or town	county
TH THE ST	1	ge of the remains des	-	Autap	, Hamicide . TITLE (SPECIFY)	Undetermined manner ,	n my apınıaı DATE SIGNED
AFTER DEATH, WI	NATURE TO	me	of the	<u>~</u> ~	Deputy	MEDICAL EXAMINER	SIGNED_

monday . J feeled. make whice Apr , the 22 Senford, Del. DOTORONLEE Cambridge | Darchester General Hospital Veterman Parvland Dorchester Fighing Green X No. 335 / Letter Eluded & Donoyen, Jr. Par prie Clds 219-70-8067 rarjerte Adems, fit. 233, "Sabred Greens the second parameter and the second second .O. . TL . Span ndot Edding the principal of the party of the par Suriel Sept. 27, 1982 Hillerost grotery Frdernishurg Or line, Parelined Sederalebury, Mc. Ersenton Rayelina Funeral Rosel 246 M. Dattn St.

	1 -	FOR STATE REGISTRAR	DEF	PARTMENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 2	2 6	5 4 1
W.5.	1 DE	CEASED NAME FIRST	MIDDLE	>	AST	20 DATE OF DEATH MO	2	YEAR 26. HOUR
8.9		ORPRINT) R	by A	Du	IKES		0 18	82 140
	3 SE	×	1 RACE	S. DATE (DAY YEAR	6. AGE (IN YEARS LAST BIRTHD	MONTHS	PIYEAR IF UNDER 2 FIRS
)	_		White	Feb	5,1900	82	YRS	
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9	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	WIDOWI		120 USUAL OCCUPATION		KIND OF BUSINESS OF
163	C	ambridge	Dorcheste	STREET ADDRESS)		THE OF WORK FOR MOST OF W	VORKING LIFE) INDU	USTRY
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z uiu	14 F/	THER'S NAME	MIDDLE LAS		15 MOTHER'S MAIDEN NA	ME		
puo Pag		Thomas	Phillips Mar	shall	Maggie	WIDDLE	Ма	rshall
9		VAS DECEASED EVER IN U.S. A		SECURITY NO.	17 INFORMANT	ADDRESS	5	
medica		No No		24-468	Mary France	ces Abbott	Cambasi	des Md
ol.		18 CAUSE OF DEATH (Enter	only one cause per line for (a).				10	APPROXIMATE INTERVAL ETWEEN ONSET AND DEATH
vent		PART I. DEATH WAS CAUS	SED BY	RDIAC	ARPEST			_
ar re		4100	DUE TO, OR AS A CON	SEQUENCE OF				
umo numo		Conditions, if ony, which		YUCHRT.	INFARE	non		5 days
I, cremot ather tro		gove rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CON					
to burio njury, or	_	The second	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDI	TION GIVEN IN P	'ART I(a)
	9	035	BROWCHIS					
Shows any	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NO □	20b. IF YES, WERE IN CERTIFYING C. YES	FINDINGS USED :AUSES OF DEATH?
em 18 sh	S. S.	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY I	N ITEM 18, PART 1 OR P	ART 2)
them	CAL	OR CONTRIBUTING CAUSE OF D	EATO	19				
or a	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE FARM FTC)	21f LOCATION STREET	CITY OR TOWN	COUN	NTY STATE
rkec	2	AT WORK AT WORK	, white, victor, c				,	
of Healtl			pital) attended the deceosed in		of 13 19 (2 nd that in (19 (a ar) o pinion a	, ta	and hour and fre	2 , that (Ne) los am the causes stated
ept.		22b. SIGNATURE	not) view the body offer death.		DEGREE			. DATE SIGNED
State De ANT: # 1			U L Frey	N ND	ATTENDING PHYSICIAN	MEDICAL STAFF	N D	10/18/52
should be deta with the State [IMPORTANT: #		22d. PHYSICIAN'S NAME (TYPE	H. L. FIERLY	mD	220. ADDRESS 503	BYRNST		56.10
. 4 ≥ ₹ 1	23a. E	URIAL, CREMATION, REMOVA	AL 236 DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	المستعلقية والمستعلقة	t Dor Mr
	(Burial	Oct.20,198	2 East	New Market	Eastowew	I arket	L DOI SITU.
1/75	24. F	NAThomas Fur	neral Home,C		25a DATI	CT 2 6 1982	REGISTRAR'S S	L Cahula
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	1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	YGIENE 8 2	2654
	ation	CEASED NAME FRIIT	C.	English	IN DATE OF DEATH WONTH	2 0
)	1. 56	male	white	Dec 28 1920	61	MONTHS DAYS HOURS
34		Md.	U.S.A.	WIDOWED DIVORCED	The second of the	
13	(Cambridge	Dorchester	General Hosp.	IN USUAL OCCUPATION ITHE OF WORK FOR MOST OF WORK E.S. HOSD. en	
BE	13a.	Md. Do		dge THE NSIDE CITY LIMITS?	Rural Rt	. 2
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- medical		NAS DECEASED EVER IN U.S. AR HEL HO OR UNAHOWNEL 18 111 ON WW	MED FORCES? INC. SOCIAL SECU 199-03		e B. English	Rt 2 Box 1 Camb. Md.2
S my nlury, or other tro	CERTIFICATION	Conditions, if any, which gave rise to immediate cause oil stating the underlying cause liest. PART 2 OTHER SIGNIFICANT O	No. of Call	ENCE OF DEATH BUT NOT RELATED TO THE TER OPERATION WAS PERFORMED.	136a AUTGPSY? 126k	IF YES, WERE FINDINGS USES
9	0.00	21s. ACCIDENT WAS UNDERLYING. C	HOUR A.M. MONTH D	AY YEAR 214 HOW INJURY OCCU	YES NO NO NRRED (ENTER HATHRE OF PULLET IN ITE	YES NO [
ond or liber	MEDICAL	STATIST HOSEY MODELS EXAMPLE 214 INJÜRY OCCURRED APIL POT WHILE	21s. PLACE OF INJURY [AT HOME STREET FACTORS OFFICE I	TH EOCATION	CITI OR YOWN	COUNTY
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AT it hem		Lenot	alo	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	10/2/8
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To desire				
al Mariana				

	PECEASED NAME	NELL 4. RACE		HANDLEY	N YEARS IF U	OOKS	IF UNDER 24 HR	DEATH	KNOWN ESTI- MATED	MONTH MONTH)/5/11	YEAR YEAR
FI	EMALE	CAU.	OCT. 15	1889 LAST BIR	THDAY) MON	THS DAYS	HOURS MIN.	S. 2c. DATE PRONOUN DEAD	VCED _	et.	5. 1	, 8
35 70.	BIRTHPLACE (ST FOREIGN COUNTRY) MARYLA		U.S.A.	WHAT COUNTRY?		RIED NEV	ER MARRIED C			OR COU	NTY OF DE	
25	CAMBRID	GE	DORCHES	STER GEN.	OSPIT			OR MOST OF WOR NEVER			OR I	O OF E
13a.	JAL RESIDENCE (STATE ARYLAND	13b. CO		13c. CITY OR TOWN	N	13d. INSIDE CIT		TREET ADDRE	ESS			k
	FATHER'S NAME FIRST JAMES		MIDDLE P.	HANDLEY		SA	RAH	~	AIDDLE	S	EWARD	
160	WAS DECEASED (YES, NO, OR UNKNOWN)	EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	16b SOCIAL SECU	RITY NO.	17. INFORM	S F. HAN	NDLEY,	Rt.,	SS Cam	bridg ox 18	e,
1	Constitution	. 16	iah .	All and								
AND MENTAL H	gave ris cause (a) lying caus		ate (b)	Fracture OR AS A CONSEQUENCE H BUT NOT RELATED TO THE	CE OF							
ICATION	gave ris cause (a) lying caus	e to immedi stating the und se last. SNIFICANT CONDITION	ONS CONTRIBUTING TO GEAT	OR AS A CONSEQUENCE H BUT NOT RELATED TO THE TO	CE OF TERMINAL DISEA PERATION V	ISE OR CONDITION	GIVEN IN PART 1 .a .				20 AU	
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DUMLAL DOT. 8, 1981 DORGHESTER MAN, EM. GERY, DURCHESTER MARYLAND , Uttous of, a house of a source and as a second

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1-	STATE REGISTRAR					CERTIFICATE		PL ~	G. NO.	6 3 4	1 4
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3. SE	ale	white	5. DATE OF BIRTH	1906 7		NDER 1 YR. IF UNI		2c. DATE PRONOUNCED DEAD	Oct.	12, ₁₉ 82	2d. HOU
FC	IRTHPLACE (ST PREIGN COUNTRY) Md.		U.S.	Α.	WIDOV		ORCED		cheste	er	ME
	Cambri	dge	11. NAME OF HOSE Dorches	ter Ge	n. Hos	O •	ra ra	day of working Lie	pairm	OR INDUS	TRY
13a. S	Md.	13b. COUNT	ROTHER INSTITUTION, GIV IY 1ester	13c. CITY OR TO		13d. INSIDE CITY LIMIT			ace S	t.	
	James		Clyde	Green		15. MOTHER'S MA				Cond	on
{Y	ES, NO, OR UNKNO		Navy		0-8348	Family	reco		DRESS		
7	Candition gave ris cause (a) lying cau	IMMEDIAT s, if any, which e to immediate stating the under- se lost.	E CAUSE (a) DUE TO, OR A (b) DUE TO, OR A (c)	Imonar As a consequ	y embo					BETWEEN ONS	LINS.
NOI			ONTRIBUTING TO OEATN B		77.4		N PART 1 (a).				
TIFICAL	19a, DATE OF				100	/AS PERFORMED?				20. AUTOPS	Y?
MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTIN	IG CAUSE OF D	EATH GAMP.M.	MONTH DAY	YEAR 1982 S	ow INJURY OCCU linped:			EM 18 PART I OR	PART 2)	
MED	21d. INJURY C WHILE AT WORK	NOT WHILE AT WORK	SIREET, FACTO	F INJURY (AT H DRY, FARM, ETC.)	10 10	TO Race	St.	Cambrid	ge, D	or., N	Ad. STATE
	22a. I certif death resulte ACTUAL SIGNATURE_ EXAMINER	d from: Nature	mm	Accident X,	Suicide	Homicide TITLE (SPECIFY	MEĎ	Inquiry , ermined manner		epinion ENED 10/15	5/82
15	(TYPE OR PRIN	ION,REMOVAL 23	Mace Jr 10/15/82	23c. NAME	OF CEMETERY C	address <u>G</u> Dr Crematory Ket Cem	1234 10	dge, Md		Dot. M	STATE
24. FI	buria UNERAL DIRECT NAME NO MA	FOR	al Home			25a, DA		REGISTRAR 25K			4

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	1-	FOR STATE			EPARTMENT OF H	HEALTH				-2	6 5	4 5
ď		REGISTRAR			ICAL EXAMIN	ER'S C	ERTIFICATE C	OF DEAT	H REG. N	10.		
		CEASED NAME E OR PRINT)	FIRST		MIDDLE		AST	2a.	OF ESTI-	MONTH		YEAR 26. HOL
		Herma			vin		ughes		DEATH MATED] 10	17	82 PA
١	3. SEX		MO	ATE OF BIRTH	YEAR 6. AGE (IN YEA	Y) MONTH			ONOLINCED -	MONTH		YEAR 2d. HOL
	_	male whit			1895 87 YR	S.		73	DEAD O		0 17	82 3:3
	FO	RTHPLACE (STATE OR REIGN COUNTRY)		U.S.A	•	WIDOWE		KIED L	Dorch	_		TH EN
	(TY OR TOWN OF DEATH Cambridge	Do	rchest	TAL, NURSING HOME, ITY, GIVE STREET ADDRESS) er Gener	al	RINSTITUTION	FOR MOS	LOCCUPATION (TY ST OF WORKING LIFE) erman —se	PE OF WORK	emplo	OF BUSINESS DUSTRY Yed
	13a. S	AL RESIDENCE (IF IN NURSING TATE IS D	COUNTY COUNTY	0.500	RESIDENCE BEFORE ADMISSIO 13c. CITY OR TOWN Andrews)N)	13d. INSIDE CITY LIMITS? YES NO K	13e. STREE	T ADDRESS			
	14. FA	THER'S NAME FIRST COLOMON	MIDD	DLE	Hughes		15. MOTHER'S MAID FIRST Henri		WIDDIE		Jon	es
	16a. V	VAS DECEASED EVER IN L s, no, or unknown) (IF)	S. ARMED F	1037101	166. SOCIAL SECURITY 212-16-78		Irene G	ootee	Box 1	-		
		18. CAUSE OF DEATH (E PART I DEATH WAS	AUSED BY		or (a), (b), and (c).)	fail	ure				BETWEEN	XIMATE INTERVAL ONSET AND DEATH
		Conditions, if any, gave rise to imm	which	DUE TO, OR A	A CONSEQUENCE O						7.59	nknown
		cause (a) stating the lying cause last.			A CONSEQUENCE O	F	fast.					
	N	PART 2 OTHER SIGNIFICANT COM	IDITIONS CONTRIB	BUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL OISEASE	OR CONDITION GIVEN IN PA	ART 1 (a).				
١	CATIC	19a. DATE OF OPERATIO	N	196. CONDITIO	N FOR WHICH OPERA	ATION WA	S PERFORMED?			100	20. AUTO	DPSY?
1	RTIF			1							YES	□ NO IC
	MEDICAL CERTIFICATION	216 EXTERNAL CAUSE VI UNDERLYING OR CONTRIBUTING CAU			NJURY MONTH DAY YEAR	21c. HO	W INJURY OCCURRE	ED (ENTERNAT	URE OF INJURY IN ITEM 18	PART 1 OR PA	ART 2)	
	MEDI	21d. INJURY OCCURRED WHILE DOT WH AT WORK AT WORK	LE 🗌	21e PLACE OF STREET, FACTOR	INJURY (AT HOME, Y, FARM, ETC.)	21f. LOC STI	ATION	C	ITY OR TOWN	со	DUNTY	STATE
		220. I certify that I too death resulted fram: ACTUAL SIGNATURE	k chorge af th Natural cau			Autopsy ide, M.[Hamicide , TITLE (SPECIFY) Deputy	Undeterm	Inquiry on the initial of the initia	DATE	7.0	/20/82
100	23a. Bl	IRIAL CREMATION PENC		lace Jr	M.D.		DDRESS	123d. LOCA	e, IId.			
	{5	burial		/21/82	Dor.Mem			Cai	mbridge	Doi		Md.
		NAME PHOMAS FUN	ERAL I	ADDRESS HOME	CAMBRIDG	E MI	0.0	2619	GISTRAR 256. REG	ISTRAR'S S	Course	R

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CAMBRIDGE MD

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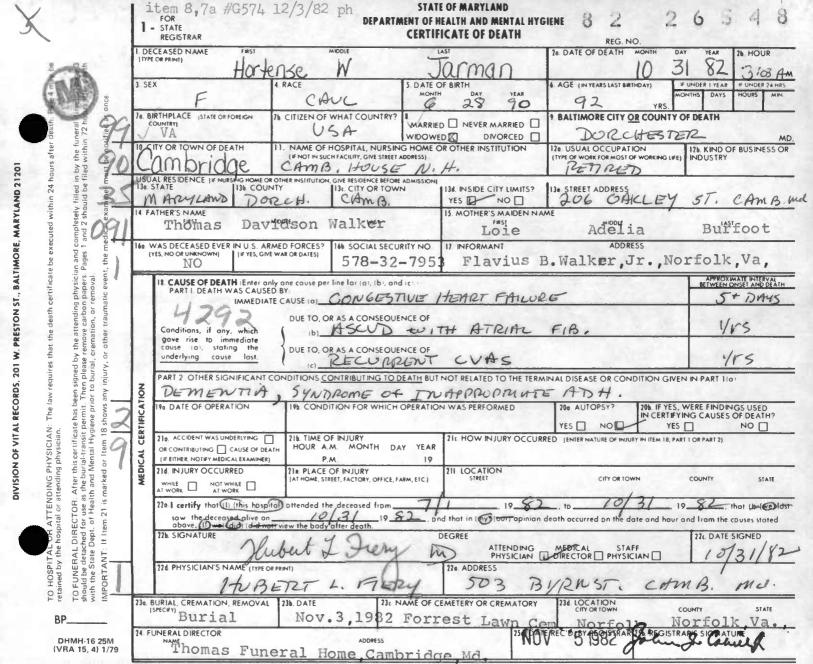
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THOMAS FUNERAL HOME

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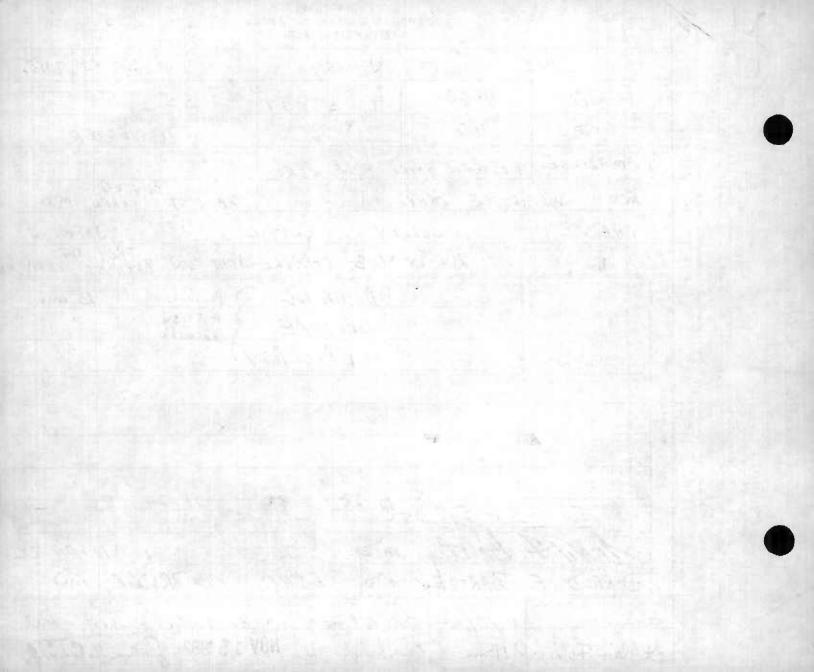
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE . DECEASED NAME KNOWN 20. DATE (TYPE OR PRINT) OF ESTI-William Hurley Oscar DEATH MATED WITHIN 72 HOURS 3. SEX 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED male white 189 08 15 5 87 DEAD 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Md. U.S.A. 5 7 WIDOWED [DIVORCED Dorchester CHEF MEDICAL EXAMINER ALONG WITH FORM PM. 3. AND 3TO THE FULL OUSED AS A BURIAL - TRANSIT PERMIT. PAGES I AND 2 SHOULD BE FILED, VICE HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W, IRIAL, CREMATION, OR REMOVAL. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) at his home FOR MOST OF WORKING LIFE)
Contractor OR INDUSTRY Cambridge Painting USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 13b. COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? White Hall Rd. Md. Dorchester Cambridge NO SE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST LAST T. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, Sherman Hurley Mollv Porter MAS DECEASED EVER IN U.S. ARMED FORCES? 7. INFORMANT 16b. SOCIAL SECURITY NO 2 Box 79 (YES, NO, OR UNKNOWN) No 215-16-8091 Mrs. Myrtle Hurley Cambridge Md. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY AMMEDIATE CAUSE (a) Coronary occlusion Few. MILIS DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION E DEPARTMENT OF HEA 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO-CATE, WRITING THE WOR FORWARDED TO THE CI OR: PAGE 3 SHOULD BE 21a EXTERNAL CAUSE WAS 21b. TIME OF IN ILIRY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21201 PRIOR TO HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 214 INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEATOR PAGE 31 AFTER DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALLIMORE, MARYLAND, 21201 PI AT WORK AT WORK STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY X Inquiry X 220. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Hamicide Undetermined manner death resulted frame Accident TITLE (SPECIFY) 10/26 Deputy SIGNATURE MEDICAL EXAMINER Cambridge, Md. Mace Jr. John TYPE OR PRINT 23d. LOCATION 230 BURIAL CREMATION REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE (SPECIFY) burial Cambridge Md. Dorchester Mem.Pk Dor. BP 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE **DHMH-17** ADDRESS FUNERAL HOME CAMBRIDGE MD. (VR A15 ME (5) 15M 2/80

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N	1	FOR - STATE REGISTRAR	DEPAR	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	GIENE 8 2	2654
		CEASED NAME LONG THE ST	MIDDLE	JOHNSON	20 DATE OF DEATH MONTH	29 82 9:45
	3. SE	* Female	4. RACE NEGRO	5. DATE OF BIRTH MONTH DAY YEAR 7 5 27	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS
St.		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	MARRIED WEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUNTY OF COUNTY	NTY OF DEATH CHESTER
Sprifted 3		CAMBRIDGE	FASTERN SH		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN	12b. KIND OF BUSINES INDUSTRY
assp.	130.	M DORC	OTHER INSTITUTION GIVE RESIDENCE BEF NTY ISC CITY OF TO CHESTER CRA	ORE ADMISSION) DWN 13d. INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS BD	CRAPU, M.D
O examin	14. F	CHAS	MIDDLE UST	15. MOTHER'S MAIDEN NA	ME MIDDLE	JACKSON
medicol		VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) - (IF YES, GIV	C	8-8643 CARROLL	JOHNSON B	BOX 49 MEN ST- ORB
r remavol.		PART I. DE ATH WAS CAUSE	lly one couse per line for (a), (b), D BY: TE CAUSE (a)	DROWNING	Pending	APPROXIMATE INTERV BETWEEN ONSET AND D
ration, a		Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEC	SFIZURE	(Pesults	PE
or ather		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CONSEC	EVILEVS	1	* 0
any injury	ATION	19a DATE OF OPERATION		O DEATH BUT NOT RELATED TO THE TERM		GIVEN IN PART 110 YES, WERE FINDINGS USED
18 shows o	CERTIFICATION				YES X NO	RTIFYING CAUSES OF DEATH
1 Jen 18	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART (OR PART 2)
arked or	MED	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f. LOCATION STREET	CITY OR TOWN	COUNTY 517
21 is ma		sow the deceased alive an	tol) attended the deceased from 10 · 29 19 19 19 19	n 19 19 19 19 19 opinion	deoth occurred on the date and	hour and from the causes stat
If Item		22b. SIGNATURE	1. Santle	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	10 - 29 - 9
MPORTANT: IF	-	22d PHYSICIAN'S NAME (14PE C	BARTLEY	M. D 276 ADDRESS HC	CAMBRIL	VE, MD
OWI	230 E	BURIAL, CREMATION, REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY SI
/81	24 FI	UNERAL DIRECTOR	() A ADDRESS	JUCK JOWN 250. DAY	E REC'D. BY REGISTRAR ISB	TISTRAN SHIGHALLING



(1)	PECEASED NA			MIDDLE	LAST		2a. DATE KN OF E	OWN AMON	NTH DAY YEAR	16.5
2.5	-		len	Louise	Lauck		DEATH M.	ATED 9	130/92	A
3. 5	F	4. RACE White	5. DATE OF BIRTH	YEAR 6. AGE (IN YE LAST BIRTHO	ARS IF UNDER 1 YR AY) MONTHS DAYS RS.	R. IF UNDER 24 H	PRONOUNCE DEAD	D 6/	30/ 198	10
. 100	BIRTHPLACE FOREIGN COUNTRY Maryla	()	76. CITIZEN OF WH		I.	NEVER MARRIED			County	
3 10.	Cambi	ridge	Dorche	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) STEP GENE	eral		USUAL OCCUPAT FOR MOST OF WORKING	TON (TYPE OF WO		STRY
_ 13a.	STATE MD	13b COUN		RESIDENCE BEFORE ADMISS 13c. CITY OR TOWN Secretai	21664134. INSIDE	E CITY LIMITS? 13e.	STREET ADDRESS 103 We	s Road		
C 14.	FATHER'S NAME	er	MIDDLE C •	Adkir	15. MOT	HER'S MAIDENN PIRST hirley	AME	LE	Brown	
160.	(YES, NO, OR UNKI		WAR OR DATES)	215-38-0		ster L.			Wes Road	D
166.	Conditi gave cause (OF DEATH (Enter an DEATH WAS CAUSED IMMEDIAT ans, if any, which rise to immediate a) stating the under-	DBY: DUE TO, OR (b)	pulmonary AS A CONSEQUENCE Post oper AS A CONSEQUENCE	of	S			BETWEEN ON H'OW	ATE INTERVAL SET AND DEATH MIN
			(6)							
TION				ON FOR WHICH OPER			a).		IZO ALIZORO	V2
ERTIFICATION		OF OPERATION	ONTRIBUTING TO OEATH B	ion for which open	RATION WAS PERFO	DRMED?	titis	F IN ITEM 18 PAPT 1	20. AUTOPS YESX	
MEDICAL CERTIFICATION	190. DATE C 210. EXTERN UNDERLYIN CONTRIBUTED	OF OPERATION 21/82 14/82 15/86 16/86 17/86 18	19b. CONDIT	ion for which open	RATION WAS PERFO	DRMED?		IN ITEM 18 PART I C	YES	
WEDICAL	190. DATE C 210. EXTERN UNDERLYIN CONTRIBU 210. INJURY WHILE AT WORK 220. I cer death resu ACTUAL SIGNATURE EXAMINES	DF OPERATION 21/82 NAL CAUSE WAS IG OR ING CAUSE OF IT OCCURRED NOT WHILE AT WORK Tify that I took charg Ited fram: Natur	19b. CONDIT 19b. CONDIT 21b. TIME OF HOUR A.M. P.M. 21e. PLACE C STREET, FACTO and the remains descent of the	ION FOR WHICH OPER INJURY MONTH DAY YEAR 19 OF INJURY (AT HOME. ORY, FARM, ETC.) Tribed above, held an Accident , Su	RATION WAS PERFO	Inspection Coperation (SPECIFY)	CITY OR TOWN Inquiry ndetermined manner MEDICAL EXAMINI	ond in m	YES YES) NO [

THE TREETER TOTAL TO A PROPERTY OF THE PARTY OF THE

	1	- STATE REGISTRAR				CERTIF	ICATE OF DEATH	REG. N	.0.		
(MI)		CEASED NAME E OR PRINT)	loyd		rine		AST	October 3		DAY YEAR	2b. HOUR
	3. SE	X Male		4 RACE	hite	S. DATE (6. AGE (IN YEARS LAST BE		IF UNDER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
nerol dim	.7a. B	RTHPLACE (STATE OR FO COUNTRY) Grove	REIGN Md	76. CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED	9. BALTIMORE CITY C	OR COUNTY	OF DEATH	MD
by the fur filed within	10. C	ITY OR TOWN OF DEAT		11. NAME OF BOX 1	HOSPITAL, NURSING PACE, 17, Race	ADDRESS)	DR OTHER INSTITUTION	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Bulldozer	OF WORKING LIFE	E) INDUSTRY	F BUSINESS OR
filled in sould be	13a.	Maryland	3b. COU	rother institution NTY Chester	GIVE RESIDENCE BEFOR 13c. CITY OR TOW Vienna		13d. INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS Race Stree	et		
completely 1 ond 2 st	14 F	Otis G. N	larir	MIDDLE	LAST		Neita V.	Barnes	Wite	LAS	т
on and co		WAS DECEASED EVER IN YES, NO OR UNKNOWN)		MED FORCES? VE WAR OR DATES)	214-28-		Beulah K. Ma	ADDR Brine, Race		Vienna,	Md. 218
N: The law requires that the systeian. Italian been signed by the ransit permit. Then please re Hygiene prior to burial, cree. Is shows any injury, ar ather	CERTIFICATION	PART 2. OTHER SIGNI	FICANT	196 COND	USIS. ITION FOR WHICH		NOT RELATED TO THE TERM HUMAN PERFORMED	AINAL DISEASE OR CON 200 AUTOPSY? YES NOTO	20b. IF YES	EN IN PART TO S, WERE FINDING YING CAUSES S	NGS USED
PHYSICIA ending pl this certif ne burial-h nd Mental d or frem	MEDICAL CE	21a. ACCIDENT WAS UNDER OR CONTRIBUTING (IF EITHER, NOTIFY MEDICA 21d. INJURY OCCURRE WHILE (AT WORK)	SE O DE	P. PLACE	M. MONTH A	19	211. LOCATION STREET	RED LENTER NATURE OF INJU		COUNTY	STATE
ATTENS ospital ECTOR: d for us d. of He m 21 is		220.1 certify that (1) (1) saw the deceased abade, (1) (we) (die 22b. SIGNATURE	alive on	0 8	-10 19	82.	nd that in (thy Low) apinian DEGREE	death accurred an the d			
TO MOSPITAL OR retained by the h TO FUNERAL DIR. should be detache with the State Dep		22d PHYSICIAN'S NAA Ann R. Wi			hle	2	ATTENDING _	MEDICAL STA	CIAN	, Md. 2	1613
BP		BURIAL, CREMATION, R (SPECIFY) Buria		23b. DATE Oct. 6	,1982 Sp	ring	EMETERY OR CREMATORY Hill Memory G				
DHMH - 16 50M 4/B2 (VRA 15, 4)		uneral director	ins	Funeral	Home, 2	edera 16 N.	Main St. O	CT 8 1982	25 REGIST	RAR'S SIGNAT	week

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engs now 107, Pace Street Indicaer Companies Tyland Gordmerer Venus y Paces Street Otim C. Martine eite V. Margen 214-27-1253 Seulah . Martine, See St., Vienes, 18.		TOTAL OF SOME	9.110	
engs now 127, Pace Street Bulldwart Josephson Sylvand Gorgester Venus Street St	D. rehelter		.8.4.	in avera shield
Ctis C. Marine 214-25-425 Reulah . Marine, nee t. Vienne, ist.	not be larger vegetage	dubtd		egre 10
214-25-227 Sould . Marine, nos v., Viende, ind.	lace street		5.109 'V 19339	Maryland Gorge
214-25-32" Souleh . Marine, mee v., Viene, id.	nemati .	0719		entred Q etto
			214-274	
Ann S. Wilke, v. D. 400 Naryland Ave., Cembry Coc. 21813	land Ave., Cembridge, Ed. 2161	1970 Mary	.0.	Ann S. Hiller.

1							MARYLAND					
2 1	1-	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENES 2 - 2 6								2 6	5 5	2
1		REGISTRAR		MED	DICAL EXAMIN	ER'S	CERTIFICATE O		REG. N		BIG YEL	710
(N)		CEASED NAME	FIRST		MIDDLE		LAST	2a. DA	E KNOWN	MONTH	DAY YEAR	7b. HOUR
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STRE	3. SE)	4 RACE	S. DA	ATE OF BIRTH	6. AGE (IN YE YEAR LAST BIRTHD.	ARS IF UN	DER 1 YR. IF UNDER			MONTH	DAY YEAR	2d. HOUR
S Z O		ale Whit	e F	'eb.17	.1926 56 yr	AY) MONTE	HS DAYS HOURS	DE				6PM
Notes 10	JerBI F⊝	RTHPLACE (STATE OR REIGN COUNTRY)	7b. C		AT COUNTRY?	8. MARRI	ED NEVER MARRIE	D X 9. BAL	IMORE CITY	OR COUNTY	OF DEATH	
10		Pa.		U.		WIDOW	ED DIVORCE	:D 🗆		hester		MD.
00		TY OR TOWN OF DEATH	11. N	NOT IN SUCH EAC	PITAL, NURSING HOME	, OR OTH	ER INSTITUTION	12a. USUAL OC	CUPATION (TY	PE OF WORK 12h	OR INDUSTRY	INESS
100		ambridge						FOR MOST OF	red			
N N	USU A	L RESIDENCE (IF IN NURSING	HOME OR OTHER	R INSTITUTION, GIV	13c. CITY OR TOWN	ON)	13d. INSIDE CITY LIMITS?	13. STREET AD	DRESS			
5		arvland	BA	Ho	Baltimo	re	YES NO		Alvah	Ave.	Apt. D	
-	14. FA	THER'S NAME	MIDD		LAST		15. MOTHER'S MAIDE	NNAME	WIDDLE		LAST	
30		Thomas,	V.		redith			Florence	ce	Brad	lev	
2	160. V	AS DECEASED EVER IN U	S. ARMED FO	ORCES?	166. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRES	1400 1	Race S	
ol.		Yes (IFY	ES, GIVE WAR OR	ÎÏ	218-20-9	176	Elizabet	th M. H	lughes	Camb.	.,Md.2	1613
		18. CAUSE OF DEATH (E	nter anly ane	cause per line	ar (a), (b), and (c).)					-	APPROXIMATE III	NTERVAL
		PART I DEATH WAS	AUSED BY:	ISE (a) Ca	rcinoma c	fli	ung.				?	IND DEATH
5		1627	(AS A CONSEQUENCE	OF			- W.			
HEALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	11/4	Canditians, if any, gave rise to imm		(b)						-		
REW		cause (a) stating the			AS A CONSEQUENCE	OF						
S S		lying cause last.		(e)								
NO	110	PART 2 OTNER SIGNIFICANT CON	DITIONS CONTRIB	UTING TO DEATH B	UT NOT RELATED TO THE TERM	INAL OISEASI	E OR CONDITION GIVEN IN PAR	T 1 (a).				
CREMATIC	NO											
CRE	ATI	190. DATE OF OPERATIO	N	196. CONDITI	ON FOR WHICH OPER	ATION W	AS PERFORMED?				20. AUTOPSY?	
2 4	TIFIC	The Charles		16.0							YES 🗆	NOX
5	CERTIFICATION	21a. EXTERNAL CAUSE W	'AS	216. TIME OF		21c. HC	OW INJURY OCCURRED	(ENTER NATURE O	F INJURY IN ITEM 18	B PART 1 OR PART 2		
5	AL	UNDERLYING OR	SE OF DEATH		MONTH DAY YEAR							
S S S S S S S S S S S S S S S S S S S	MEDICAL	214 INITIDY OCCUPPED		21e PLACE O	FINJURY (AT HOME,		CATION					
	×	WHILE NOT WHI	LE 🗌	STREET, FACTO	DRY, FARM, ETC.)	S	TREET	CITY OF	TOWN	COUNT	1	STATE
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Ž.		220. I certify that I taal	Charge at the			Autap				nd in my apinie	in	
YLA		death resulted fram:	Natural caus	ses 🔼 ,	Accident, Su	icide 🔲	, Hamicide	Undetermined	manner			
MORE, MARYLAND, 2		ACTUAL	who -	m	/		Deputy			DATE SIGNED_	10/5/8	30
MORE,		SIGNATURE			7	M	n. nonde p	MEDICAL EX	AMINER	SIGNED_	20/)/ (16
E L		EXAMINED S MAME (TYPE OF BRINT)	john	Mace	Jr. M.D.		ADDRESS Can	abridge	. Md.			
BALTIMO	23o. BI	JRIAL, CREMATION, REMO			23c NAME OF CEA		ND DIKESS	123d. LOCATIO				
	{5	PECIFY)					Cemetery	CITY OR TOWN		COUNTY	STAT	E
	24. FU	Burial INERAL DIRECTOR	1 10	1/6/82	Trice VE	60,	250. DATER	Hurl EC'D. BY REGIS	TRAR 256. REG	Or SISTRAR'S SIGI	NATURE	
	Th	omas Fune	ral H	ome Ca	ambridge	Ма	21612 ACT	1 1 100	2 2.	0 /	2	
				J.110 C	AMDITUGE,	TILL .	STOT2 OF	130	100	44	Bleesell	

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1 - STATE

DHMH - 16 50M 1/81

(VRA 15, 4)

REGISTRAR I DECEASED NAME

237 A BX Lastxxxxx PEGLOW SVAME WIFE APPROXIMATE INTERVAL LATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 20b. IF YES, WERE FINDINGS LISED INCERTIFYING CAUSES OF DEATH? YES [211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE 82 and that in (mp) (w) opinion death occurred on the date and hour and from the couses stated Member 2,1982 Dorchester Mem.Pk. burial Airey, Cambridge, Dorchester. Maryland 15 NOVE REGID. BY 24 FUNERAL DIRECTOR Curran Funeral Home, 308 High St., Cambridge,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20 DATE OF DEATH MONTH

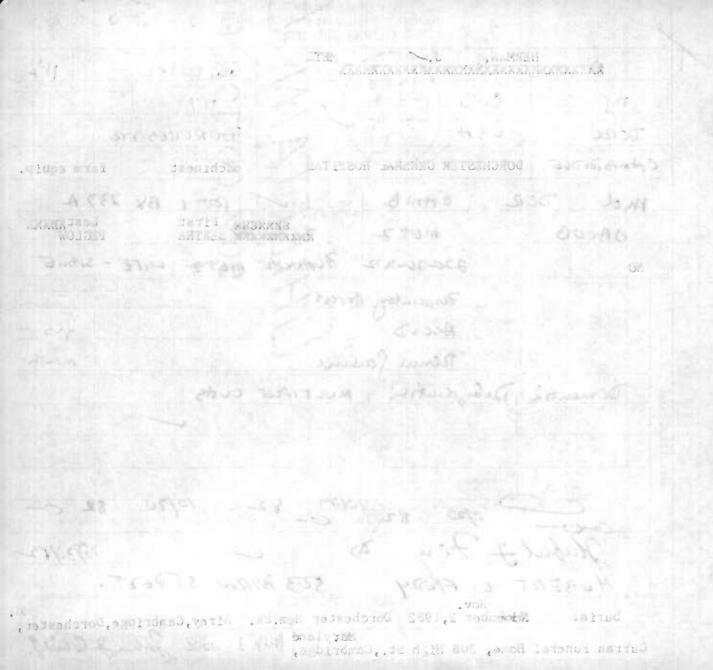
2b. HOUR

12h KIND OF BUSINESS OR

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F UNDER 24 HRS

IF UNDER I YEAR



	-	FOR	DEPARTMEN	STATE OF MARYLAND T OF HEALTH AND MENTAL	HYGIENIË O	0 6 5 5 4			
111	1-	STATE REGISTRAR		MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.					
	I. DE	CEASED NAME FIRST	WIGDIE	LAST	20. DATE KNOWN	MONTH DAY YEAR 26 HOUR			
§ E.		Ruille		Morgan	OF ESTI- DEATH MATED	10 124 89 13 4			
2 SHOULD BE FILED, WITHIN 27 HOURS ALRECORDS, 201 W PRESTON STREET,	3. SE		MONTH DAY YEAR LAS	GE (IN YEARS IF UNDER 1 YR. IF UNDER ST BIRTHDAY) MONTHS DAYS HOURS	R 24 HRS. 2c. DATE	MONTH DAY YEAR 24 HOUR			
NO.	1	MALE White	9 4 1925 5	YRS.	DEAD	10 12 1889 15 1			
SE SE	/a B	REIGN COUNTRY)	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MAR	RIED	R COUNTY OF DEATH			
S S	10 C	TY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSING	WIDOWED SHOW OF THE PROPERTY O		TTEN MD E OF WORK 12b. KIND OF BUSINESS			
863	0	ambridge :	(IF NOT IN SUCH FACILITY, GIVE STREET A	DORESS)	FOR MOST OF WORKING LIFE)	OR INDUSTRY			
S S S S	USU	L RESIDENCE (IF IN NURSING HOME OR OT	THER INSTITUTION, GIVE RESIDENCE BEFORE			ex Md.			
255	130 5	Md. DOC	nested CAM	OWN 134. INSIDE CITY LIMITS?		ex 267B, Cambridge			
¥.Q.	14. F	ATHER'S NAME	AIDOLE LAST	15. MOTHER'S MAI		LAST			
OF CENTAL	1	Horton	WOS	AND MANN		Webb			
DIVISION OF	16a. \	VAS DECEASED EVER IN U.S. ARMED	PORCES? 166. SOCIAL SI	ECURITY NO. 17. INFORMANT	ADDRESS				
No.		ES, NO, OR UNKNOWN) (IF YES, GIVE WAR		34-0009 RECORD	S DORCHESTER				
E, D		 CAUSE OF DEATH (Enter only of PART I DEATH WAS CAUSED BY 	ine cause per line far (a), (b), and Y:	1	UNE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
GEN		11-7 GIMMEDIATE C	AUSE (a) OR AS A CONSEQU		V / 4	130			
EMC		Canditians, if any, which	DOE TO, OK AS A CONSECTO	DENCE OF					
NTA OR R		gave rise to immediate cause (a) stating the under-	(b)	IENCE OF					
N.		lying cause last.	(6)						
WAT		PART 2 OTNER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE OR CONDITION GIVEN IN	PART 1 (a).				
OF HEALTH AND MENTAL HYGIENE, D IRIAL, CREMATION, OR REMOVAL.	CERTIFICATION	19a, DATE OF OPERATION							
I ME	FICA	176. DATE OF OPERATION	196 CONDITION FOR WHICH	H OPERATION WAS PERFORMED?		2D AUTOPSY?			
N N N	ERTII	21e. EXTERNAL CAUSE WAS	21b. TIME OF INJURY	71r HOW IN HIRY OCCUPE	RED LENTER NATURE OF INJURY IN ITEM 18 P	YES NO			
E S		UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY	YEAR	CD (CITICA INTORE OF WOOK) IN HEM 101	ART TORTAK) 2)			
PRIO	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (ATE						
200	*	AT WORK AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE			
H THE STATE DEFARTMENT OF HEAT LAND, 21201 PRIOR TO BURIAL, C		22a I certify that I taak charge a	f the remains described above, he	ld an Autapsy , Inspect	an Anguiry and	d in my apinian			
E A		death resulted fram: Natural o		Suicide , Hamicide	Undetermined manner	a miny apinion			
WITI				TITLE (SPECIFY)		111/12			
H, H,		ACTUAL SIGNATURE	much	M.D. DEPUT	MEDICAL EXAMINER	DATE SIGNED 0 11) 82			
WOE	-	EXAMINER'S NAME	IN MACEJE		A PRIDEE	1117 21117			
AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2	23- 0	(TYPE OR PRINT)		ADDRESS ADDRESS	AMBRIDGE,	P1D, -101)			
- 4 41	230.B	PECARY)	0	la V.A. (emt.	Preston.	Manuland STATE			
		JNERAL DIRECTOR	17.7	21225 250. DATI	REC'D. BY REGISTRAR 256. RE	TRAR'S SIGNATURO			
1 - 17 ME (5))	Ma	ully Funeral Hom	no 237 & Patanac	a Ave Balto M. T	nct 1 9 1982 X	alung shelp			

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CAMBRIDGE MD.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

(VRA 15, 4)

THOMAS FUNERAL HOME

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or have gern					
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE DECEASED NAME DATE KNOWN DAY 26 HOUR TYPE OR PRINT) Adel1 E FUNERAL DIRECTOR.

5 FOR YOUR FILES.

10, WITHIN 72 HOURS

W. PRESTON STREET, Laura Pete DEATH MATED 19 4 RACE SEX 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. YEAR IF UNDER 24 HRS 2d HOUR 20 DATE Sep LAST BIRTHDAY) RONOUNCED 16 195 female white 6 Sept DEAD To. BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED M FOREIGN COUNTRY) Md. U.S.A. Dorchester WIDOWED DIVORCED FILED, ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 3. RETAIN PAGE SHOULD BE FILED FOR MOST OF WORKING LIFE) Western Publishing Co. Fishing Creek USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE SEFORE ADMISSION) RECORDS, 13a STATE 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS Md. Cambridge 1010 Glasgow St. Dor. YESKIK NO WITH FORM PM 3.
T. PAGES 1 AND 2 SH
DIVISION OF WITAL R 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Edward Oliver Sharp Pete Martha Ann 17. INFORMANT 16b. SOCIAL SECURITY NO ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES 217-92-6826 Edward O. Pete 1010 Glasgow St. no CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL MENTAL HYGIENE, D BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Carbon monoxide poi sonin DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost AND PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? BURIAL YES NO DEPARTMENT 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOR 0-MEDICAL CONTRIBUTING CAUSE OF DEATH 1002 Found dead in auto with motor running PRIOR 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION back MOUSE (Creeka Dor. Me WHILE NOT WHILE AT WORK PAGE STATE [ot. Fire Church 21201 Inspection K Inquiry X 220. I certify that I took charge of the remains described above, held on Autopsy and in my opinion DIRECTOR: Accident X death resulted fram: Notural couses Suicide Homicide ____ Undetermined manner TITLE (SPECIFY) ACTUAL PAGE 4 SHOUNTO TO FUNERAL D DATE SIGNED 10/3/82 Deputy SIGNATURE MEDICAL EXAMINER AFTER DEATH EXAMINER'S NAM Jr. M.D. John Mace Cambridge. TYPE OR PRINT ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION PARK burial DORCHESTER MEMORIAL CAMBRIDGE DOR 9/27/82 BP 24. FUNERAL DIRECTOR DHMH - 17 (VR A15 ME (5)) THOMAS FUNERAL HOME CAMBRIDGE MD. 15M7/77

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130.	STATEVA 194 CO	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION OF THE HIT OF THE PROPERTY OF THE PRO	UE 13d. INSIDE CITY LIMITS? 1	3e. STREET ADDRESS 107	MAPLE STREET
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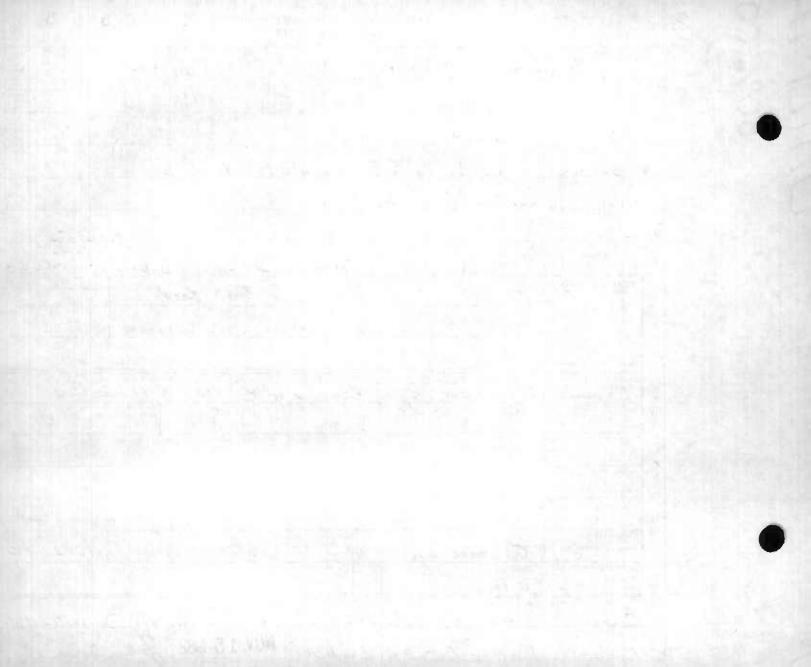
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			not) view the body ofter death.		(my) (our) opinion o	leath occurred on the d		
- 1		22b. SIGNATURE		DEGREE	ATTENDING PHYSICIAN	MEDICAL _ STA		22c. DATE SIGNED
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1		226. PHYSICIAN'S NAME (TYPE		22e AD	DDRESS			
		E-T	anman					
2	23a. Bi	URIAL, CREMATION, REMOVA	AL 23b. DATE	231. NAME OF CEMETERY	OR CREMATORY	23d LOCATION CITY OR TOWN	COUN	TY STATE
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2	24 FU	NERAL DIRECTOR	ADDRES	1	100 250 NATE	REC'D. BY REGISTRAR	256. REGISTRAR'S	SIGNATURE
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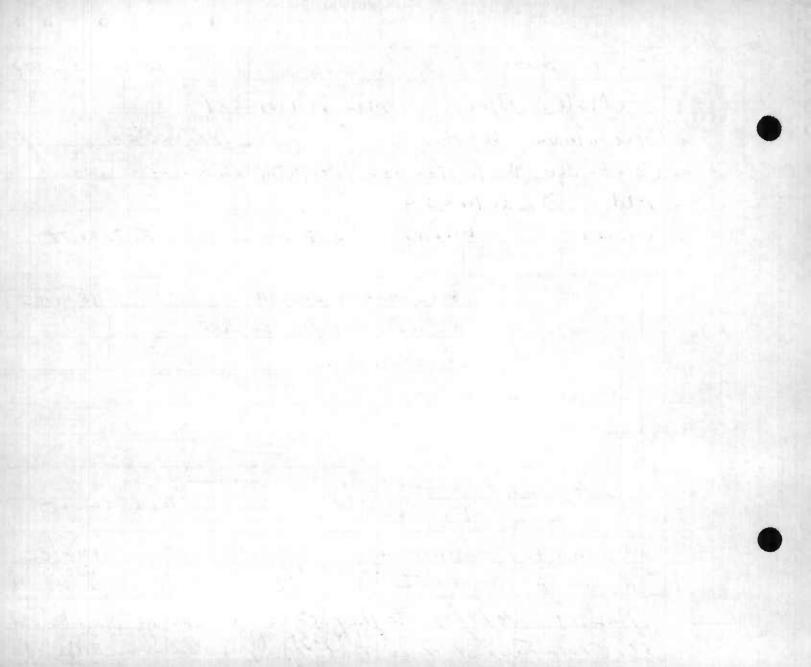
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MPO H										
	23a. E	BURIAL, CREMATION, REMOVAL	The second second second		AME OF CEMET	ERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
BP Should should be seen as the seen as th		BURIAL, CREMATION, REMOVAL SPECIEV) DUTIAL JNERAL DIRECTOR	23b. DATE 10/6/82			er Mem.Pl	CITY OR TOWN	ge Do	or.	Md.

Land the land of t BELLIOU Com Halbert spreadolffe of A Here are the release of the second of the se المراجع المستعمل الم THE BLUE ST. CONTROL FOR STEEL ATMEN STREET TO/O/C/TS ("order Por Los La La Control STVD/OF THE REPORT OF THE PROPERTY OF

2, Ela)	1	FOR STATE REGISTRAR		HEALTH AND MENTAL HYGI FICATE OF DEATH	REG. N	26566
eath be		ECEASED NAME FIRST E OR PRINT) MILDRED		CEKS	20 DATE OF DEATH	MONTH DAY YEAR 26 HOUR 10-6-824:20PM
Page 4, may	3 SE	Fe hale /	Black Ma	- 23 1901	6 AGE (IN YEARS LAST BIR	THOAY) IF UNDER I YEAR IF UNDER 74 HRS MONTHS DAYS HOURS MIN YRS PROCOUNTY OF DEATH
s ofter death. by the formulate with most	10 C	Pechales VA. ITY OR TOWN OF DEATH 11	MARRI WIDOW NAME OF HOSPITAL, NURSING HOME (IF NOT INSUCH FACILITY GIVE STREET ADDRESS)		120 USUAL OCCUPATION OF THE OF WORK FOR MOST CO	OF WORKING LIFE) INDUSTRY
AND 212	0 /	Md. Dorce	HER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 CITY OR TOWN LECTURED A	YES NO	13e STREET ADDRESS	*
MARYL ted with ampletely and 2 s	70.	ATHER'S NAME FIRST MIDE	Weeks	15 MOTHER'S MAIDEN NAM	MIDDLE	F. tchett
BALTIMORE, cate be executable by signal and category. Pages invol.		WAS DECEASED EVER IN U.S. ARME YES, NO OR UNKNOWN) (IF YES, GIVE WA		17 INFORMANT	ADDR	ESS
: 400		18 CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BIMMEDIATE C	pne cause per line for (a), (b), and (c)	en edema		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 HOURS
death death attend ove car		Conditions, if only, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE OF	HEART FA	ILURE	
201 W. PR es that the ned by the please rem urial, crema		couse to immediate couse to, stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE OF	FRDS 15		
	NOI	PART 2. OTHER SIGNIFICANT CON	NOTIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	nal disease or con	DITION GIVEN IN PART 1(0)
A RECCON.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
SION OF VITA PHYSICIAN. Ti ending physici this certificate the buriol-transit ad Mental Hygi d or Item 18 sh	100	210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTHER MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18, PART 1 OR PART 2)
DIVISION ING PHYS After this cost he bur	MEDICAL	21d INJURY OCCURRED WHILE NOT MARK AT WORK AT WORK	218 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	21f LOCATION STREET	CITY OR TOV	VN COUNTY STATE
TTENDI prital ar TOR: A for use of Heal		22a. certify that (1) this hospital) sow the deceased alive on above (1) (we) (did) (did not) v			eath accurred on the de	ote and hour and from the causes stated
OR he he he hor DIRE		22b. SIGNATURE	Moslowic AT	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	FF 10662
TO HOSPITAL retoined by t TO FUNERAL should be det with the Store	1	22d PHYSICIAN'S NAME (TYPE OR PR	Moskewicz m	22. ADDRESS 503	BYRN S	T. CAMBRIBES MO
₽ ₽ ₽ \$ 3 -		BURIAL, CREMATION, REMOVAL	736. DATE / 8/ 8/ 18 / 18 / 18	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	de Do-cherter Md.
DHMH - 16 60M 1/75 (VR A 15 (4))	24 F	UNERAL DIRECTOR	ADDRESS 30	17.945) 25a DATE	T 7 1982	256/AGGISTRAR'S SIGNATURE



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